

at this time, DOC is requesting the deactivation of the following EPA Identification Numbers:

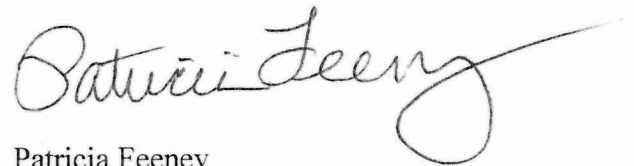
- a. NYD981487788 (formerly used for the Robert N. Davoren Complex on Riker's Island)
- b. NYD9814877701 (formerly used for the Eric M. Taylor Center on Riker's Island)
- c. NYD981487754 (formerly used for the George Motchan Detention Center on Riker's Island)
- d. NYD981487705 (formerly used for the Anna M. Kross Center on Riker's Island)
- e. NYD981487713 (formerly used for the James a. Thomas Detention Center on Riker's Island)
- f. NYD981487796 (formerly used for the Otis Bantum Correctional Center on Riker's Island)
- g. NYD986914117 (formerly used for the NYCDOC-North Infirmary Command on Riker's Island)
- h. NYD986914000 (formerly used for the NYCDOC- Rose M. Singer Detention Center on Riker's Island)

I would appreciate it if you would clarify how the Department should indicate the facility address where the waste was removed on the manifests. Should the actual facility address be used with the one retained EPA identification number or should all manifests list the facility address at 16-16 Hazen Street, E. Elmhurst, NY? This is the address that is currently used for

the retained EPA identification number. Please let me know if you need any additional information. I can be reached at 718-546-3090.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading "Patricia Feeney". The signature is written in dark ink and features a large, elegant loop at the end of the last name.

Patricia Feeney

Assistant Commissioner

Environmental Health



NEW YORK CITY DEPARTMENT OF CORRECTION

Joseph Ponte, Commissioner

Patricia Feeney, Assistant Commissioner

Environmental Health

17-41 Hazen Street

E. Elmhurst, N.Y. 11370

718 • 546 • 3090

Fax 718 • 546 • 3086

June 16, 2014

U.S. Environmental Protection Agency - Region 2

Clean Air and Sustainability Division

Hazardous Waste Programs Branch

290 Broadway, 22nd Floor

New York, NY 10007-1866

Attn.: RCRA Notifications

2014 JUN 19 A 11:27
ENVIRONMENTAL PROTECTION
AGENCY REGION II
Hazardous Waste Programs
BRANCH

To Whom It May Concern:

This is the second request that I am sending to the Environmental Protection Agency ("EPA") on behalf of the New York City Department of Correction ("DOC"). The New York City Department of Correction ("DOC")'s is correctly using one Environmental Protection Agency ("EPA") identification number (# NYD981487721) for all of the waste removal activities that occur at the facilities on Riker's Island, at the direction of the New York State Department of Environmental Conservation, Region II office in Long Island City, New York. The above referenced EPA ID number was formerly used only for the DOC Support Services Division including the Key-Span Powerhouse all on Riker's Island; however, currently this number is being used for all of the Riker's Island facilities. Therefore,



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/13/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYD981487713
INSTALLATION NAME:	JAMES A THOMAS CENTER
INSTALLATION ADDRESS :	14-14 HAZEN ST EAST ELMHURST, NY 11370
MAILING ADDRESS :	17-41 HAZEN ST EAST ELMHURST, NY 11370

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: JAMES A THOMAS CENTER
or Current Occupant
ATTN: PATRICIA FEENEY
17-41 HAZEN ST
EAST ELMHURST, NY 11370**



SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		2007 JUL 12 PM 2:37	
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input checked="" type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #____) <input type="checkbox"/> As a component of the Hazardous Waste Report			
2. Site EPA ID Number (page 14)	EPA ID Number <u>NY1098114877131</u>			
3. Site Name (page 14)	Name: <u>James A. Thomas Center</u>			
4. Site Location Information (page 14)	Street Address: <u>14-14 HAZEN St.</u>			
	City, Town, or Village: <u>EAST ELMHURST</u>		State: <u>NY</u>	
	County Name: <u>QUEENS</u>		Zip Code: <u>11370</u>	
5. Site Land Type (page 14)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <u> </u>		B. <u> </u>	
	C. <u> </u>		D. <u> </u>	
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>17-41 HAZEN STREET</u>			
	City, Town, or Village: <u>E. Elmhurst</u>			
	State: <u>NEW YORK</u>			
	Country: <u>USA</u>		Zip Code: <u>11370</u>	
8. Site Contact Person (page 15)	First Name: <u>Patricia</u>		MI:	Last Name: <u>Feeney</u>
	Phone Number: <u>(718) 546-3090</u>		Extension:	
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: <u>Patricia Feeney</u>		Date Became Operator (mm/dd/yyyy):	
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	B. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):	
Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				

OMB#: 2050-0028 Expires 06/30/2009

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		APR 28 PM 3:56
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input checked="" type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number <u>NYD1981148771131</u>		
3. Site Name (page 14)	Name: <u>James A. Thomas Center</u>		
4. Site Location Information (page 14)	Street Address: <u>14-14 Hazen Street</u>		
	City, Town, or Village: <u>East Elmhurst</u>	State: <u>NY</u>	
	County Name: <u>Bronx</u>	Zip Code: <u>11370</u>	
5. Site Land Type (page 14)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <u> </u>	B. <u> </u>	
	C. <u> </u>	D. <u> </u>	
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>17-41 Hazen Street</u>		
	City, Town, or Village: <u>East Elmhurst</u>		
	State: <u>New York</u>		
	Country: <u>USA</u>	Zip Code: <u>11370</u>	
8. Site Contact Person (page 15)	First Name: <u>Patricia</u>	MI:	Last Name: <u>Ferney</u>
	Phone Number: <u>718 546 3090</u> Extension:		Email address: <u>Patricia.Ferney@DOC.NYC.gov</u>
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: <u>NYC Department of Correction</u>		Date Became Operator (mm/dd/yyyy): <u>Approximately 1933</u>
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: <u>NYC Dept. of Correction</u>		Date Became Owner (mm/dd/yyyy): <u>Approximately 1993</u>
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID NO: NYD98114877113

OMB#: 2050-0028 Expires 06/30/2006

9. Legal Owner
(Continued)
Address

Street or P. O. Box:

City, Town, or Village:

State:

Country:

Zip Code:

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

☒ ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator☐ ☒ 2. Transporter of Hazardous Waste☐ ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note: A
hazardous waste permit is required for this
activity.☐ ☒ 4. Recycler of Hazardous Waste (at your
site)☐ ☒ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining☐ ☒ 6. Underground Injection Control

B. Universal Waste Activities

☐ ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
mark all boxes that apply:

Manage

a. Batteries ☒b. Pesticides ☒c. Thermostats ☐d. Lamps ☒e. Other (specify) Lead Paint ☒f. Other (specify) Chips ☐g. Other (specify) ☐☐ ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter☐ b. Transfer Facility☐ ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor☐ b. Re-refiner☐ ☒ 3. Off-Specification Used Oil Burner☐ ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

EPA ID NO: N40981487713

OMB#: 2050-0028 Expires 06/30/2006

9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous WasteY ☐ N ☐ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☐ 2. Transporter of Hazardous WasteY ☐ N ☐ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note: A
hazardous waste permit is required for this
activity.Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☐ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and RefiningY ☐ N ☐ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
mark all boxes that apply:Managea. Batteries ☐b. Pesticides ☐c. Thermostats ☐d. Lamps ☐e. Other (specify) HEAD PAINT ☐f. Other (specify) CLIPS ☐g. Other (specify) CLIPS ☐Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☐ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☐ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor
☐ b. Re-refinerY ☐ N ☐ 3. Off-Specification Used Oil BurnerY ☐ N ☐ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

EPA ID NO: NY0981487713

OMB#: 2050-0028 Expires 06/30/2009

11. Description of Hazardous Wastes (See instructions on page 21.)						
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D008						
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						
12. Comments (See instructions on page 21.)						
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)						
Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)				Date Signed (mm/dd/yyyy)	
<i>Norman Hemmings</i>	NORMAN HEMMING'S Asbestos Abatement				7-9-07	

10/10/10

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RCRA Site Detail

Report run on: August 16, 2007 - 10:57 AM

Page 3

NYD981487713 NYC HOUSE OF DETENTION FOR MEN

EPA Region 02 Extract Flag: Y Facility Identifier: County: QUEENS

Universes Generator: CEG Transporter: N Active: Y
Operating TSDF: ----- IC In Place: N EI Indicator (HE / GW): N / N

Activity Location: NY Source Type: Implementer Seq. Number: 2 Receive Date: 01 JAN 2006

Other/Previous Site Name: NYC HOUSE OF DETENTION FOR MEN

Location 14-14 HAZEN ST
Address: EAST ELMHURST, NY 11370-1396

Mailing Address: 14-14 HAZEN ST
EAST ELMHURST, NY 11370
UNITED STATES

Contact Person - 14-14 HAZEN ST
For Source EAST ELMHURST, NY 11370
Information UNITED STATES

Land Type: Bad code - Non Notifier: No Commercial Availability: Unknown Tsd Date:
Accessibility: C No. Employees: State District: NYSDEC R2

Notes: EPA Universe Clean-Up for 01/01/2006, (Rundate: 05/08/2007), as per 2003/2004/2005 Acute/NonAcute Manifest data. Manifest logical CQG taken over latest N Notification Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Conditionally Exempt SQG; State: NY-N Not a generator, Verified

Transfer Facility:

Used Oil Activities

Other Hazardous Waste Generator Activities

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace Exemption: Unknown

Used Oil Transporter Activity Off-Specification Used Oil Burner: No
Transporter: No
Transfer Facility: No
Used Oil Fuel Marketer Activity
Marketer who directs shipment off-specification used oil to off-specification used oil burner: No
Processor: No
Refiner: No
Marketer who first claims the used oil meets the specifications: No

Underground Injection Control: No Destination Facility for Universal Waste: Unknown

Activity Location: NY Source Type: Implementer Seq. Number: 1 Receive Date: 08 JUL 1999

Other/Previous Site Name: NYC HOUSE OF DETENTION FOR MEN

Location 14-14 HAZEN ST
Address: EAST ELMHURST, NY 11370-1396

Mailing Address: 14-14 HAZEN ST
EAST ELMHURST, NY 11370

Land Type: Bad code - Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: NYSDEC R2

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: HQ-N Not a Generator

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace Exemption: Unknown

Used Oil Transporter Activity Off-Specification Used Oil Burner: No
Transporter: No
Transfer Facility: No
Used Oil Fuel Marketer Activity
Marketer who directs shipment off-specification used oil to off-specification used oil burner: No
Processor: No
Refiner: No
Marketer who first claims the used oil meets the specifications: No

Underground Injection Control: No Destination Facility for Universal Waste:



NEW YORK CITY DEPARTMENT OF CORRECTION
Martin F. Horn, Commissioner

Patricia Feeney, Assistant Commissioner
Environmental Health Unit
17-41 Hazen Street
East Elmhurst, NY 11370

718 • 546 • 3090
Fax 718 • 546 • 3086

August 28, 2007

Carrie Smith
US EPA REGION 2
Division of Environmental Planning & Protection
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007- 1866

Dear Ms. Smith,

Attached is the RCRA Subtitle C Site Identification Form for the hazardous waste removed from the New York City Department of Correction James A. Thomas Center. The James A. Thomas Center was formerly known as the House of Detention for Men.

Feel free to contact me at 718-546-3093 or 718-546-3090 if you have any questions regarding this matter.

Sincerely,

A handwritten signature in black ink that reads "G. Mathews".

G. Mathews
Deputy Director

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D 0 0 1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Dante R. Albertie</i>	Name and Official Title (type or print) DANTE R. ALBERTIE-WARDENTII	Date Signed 6-4-86
---------------------------------------	--	-----------------------